## DATE

Paper No.: $\qquad$

TO SPA OF : ART UNIT $\qquad$
SUBJECT : Request for Certificate of Correction on Patent No.:


A response is requested with respect to the accompanying request for a certificate of correction.
Please complete this form and return with file, within 7 days to:
Certificates of Correction Branch - PK 3-915
Palm location 7580 -Tel. No. 305-8309
With respect to the changes) requested, correcting Office and/or Applicant's errors, should the patent read as shown in the certificate of correction? No new matter should be introduced, nor should the scope or meaning of the claims be changed.

Thank You For Your Assistance


Certificates of Correction Branch

The request for issuing the above-identified corrections) is hereby:
Note your decision on the appropriate box.

- Approved
- Approved in Part

D Denied
-

All changes apply.
Specify below which changes do not apply.
State the reasons for denial below.

Comments:

